



Therapist Professional Advisory Committee Membership Self-Nomination Form

Dear TPAC Members,

I am interested in serving the Therapist Category by contributing as a member of the Therapist PAC. I understand that if selected, I will need to be available for regularly scheduled meetings. I also understand that I will need to accept and complete tasks that are assigned by the TPAC. Please consider my application for membership.

Please indicate previous TPAC membership and or committee and task force participation.	Dates:

Please complete the following:

Circle one:

Name, Rank:	Discipline: PT / OT / AUD / SLP
Agency:	
Address:	
Email:	
Phone:	
Fax:	

Signature: _____ **Date:** _____

Signature of Supervisor: _____

COMPLETE AND RETURN THIS FORM PRIOR TO ^a01 FEB 2006

Please Fax to: CDR Scott Gaustad, TPAC Chair, 417-837-1715 and to
LCDR Corey Dahl, TPAC Executive Secretary, 817-782-4502

Please email your **curriculum vitae** and a **single page cover letter** explaining your interest in serving as a TPAC member to coreydahl@sbcglobal.net. This must be forwarded as an attachment in Microsoft Word format.

^a TPAC Membership elections take place once annually.